

2001-2002 ANNUAL REPORT

Medical Board of California

1426 Howe Avenue, Suite 54, Sacramento, CA 95825 (916) 263-2389 • www.medbd.ca.gov

Board Tackles Challenges, Embraces Opportunities

The past year has been a year of change and reassessment of priorities for the Medical Board of California. As the terms of some members ended, and as new members were appointed, the Board is now constituted with a new membership that brings new ideas concerning how to meet its strong commitment to public protection. This has resulted in an active assessment of the present state of Board operations and a desire to forge new territory.

Over the past year, the Board has initiated a number of provocative discussions on topics such as alternative medicine and disclosure of more information to consumers. The Board's commitment to healthcare access resulted in working with the Legislature to develop a new loan payback program for physicians who commit to practice in underserved areas. Its interest in enhancing public protection resulted in the finalizing of outpatient surgery regulations and the appointment of an enforcement committee to recommend future improvements in enforcement operations.

This Board will continue to examine issues facing healthcare and work toward innovative solutions. In the past year, the Board established the following committees that will assess and improve its performance and identify opportunities for change:

Enforcement Committee: The Committee's goal is to review the entire disciplinary/enforcement process, from complaint intake through Attorney General prosecution, and to recommend and implement improvements in the process. The Committee will work with stakeholders, investigators, the Attorney General's Office, and other interested parties in making these improvements.

Public Education Committee: The Committee's objectives are to increase the public's awareness of the Board's services; and establish greater collaborative relationships with various parties and stakeholders to improve the flow of information to enhance public safety and to better serve the profession.

Committee on Recertification: The Committee is reviewing continuing competency and requalification for physicians and surgeons, and plans for periodic review of offshore schools to assess their relevance and efficacy.

Non-Conventional Medicine Committee: The Committee will examine and develop recommendations relating to the laws and policies that govern non-conventional medical practice. It will not promote or denounce any particular practice or therapy. Discussions at meetings will be dedicated to the examination of legal and policy issues that impact the delivery of non-conventional methods in the practice of medicine.

Also during 2001-2002, the **Division of Licensing** implemented a system of online license renewal, which enables physicians to renew their licenses online through the Board's Web site while paying by credit card. Also, payment by credit card has been extended to include initial processing fees.

(Continued on page 2)

CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY

Alameda	3,775	Inyo	46	Monterey	841	San Luis Obispo	686	Trinity	9
Alpine	0	Kern	944	Napa	453	San Mateo	2,338	Tulare	460
Amador	61	Kings	114	Nevada	235	Santa Barbara	1,109	Tuolumne	121
Butte	443	Lake	84	Orange	7,914	Santa Clara	5,597	Ventura	1,584
Calaveras	51	Lassen	47	Placer	745	Santa Cruz	614	Yolo	522
Colusa	12	Los Angeles	25,161	Plumas	30	Shasta	445	Yuba	65
Contra Costa	2,493	Madera	147	Riverside	2,332	Sierra	0	California Total	
Del Norte	56	Marin	1,438	Sacramento	3,293	Siskiyou	79	86,934	
El Dorado	261	Mariposa	14	San Benito	45	Solano	683	Out of State Total	
Fresno	1,570	Mendocino	212	San Bernardino	3,010	Sonoma	1,286	25,339	
Glenn	9	Merced	229	San Diego	8,128	Stanislaus	734	Current Licenses	
Humboldt	289	Modoc	6	San Francisco	4,886	Sutter	164	112,273	
Imperial	123	Mono	26	San Joaquin	860	Tehama	55		

MISSION STATEMENT OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

Board Tackles Challenges, Embraces Opportunities (Continued from page 1)

Since January 2002, the Board's Division of Licensing has completed a second round of redesign workshops to streamline the application process, and the recommended changes are now operational. The positive outcome from these workshops is evidenced by a decrease in time for initial review of U.S. and Canadian applications, while not compromising public safety. In June 2002, the average review time was 30 days, down from 72 days the prior year.

Legislation: The Board has begun implementation of AB 487 (Aroner), which requires physicians to take 12 credits of CME in pain management and the treatment of terminally ill and dying patients, and requires the Board to develop standards for

review of pain management cases.

To improve healthcare in diverse populations and eliminate disparities in care, culturally and linguistically appropriate services are critical. Accordingly, the Board developed a proposal for establishment of a loan payback program for physicians practicing in underserved areas. This proposal resulted in AB 982 (Firebaugh), the Physician Corps Loan Assumption Program. The program authorizes medical school loan repayments to participating, qualified and licensed physicians who practice in underserved areas of California.

The Board approved proposed Complementary and Alternative Medicine (CAM) Disciplinary Policies and

Procedures that will be included in the Board's Enforcement Operations Manual. Investigators will use the guidelines when investigating licensed and unlicensed CAM practitioners and when requesting expert opinions on CAM. This fulfills the requirement of SB 2100 (Vasconcellos, 1999-2000 legislative session).

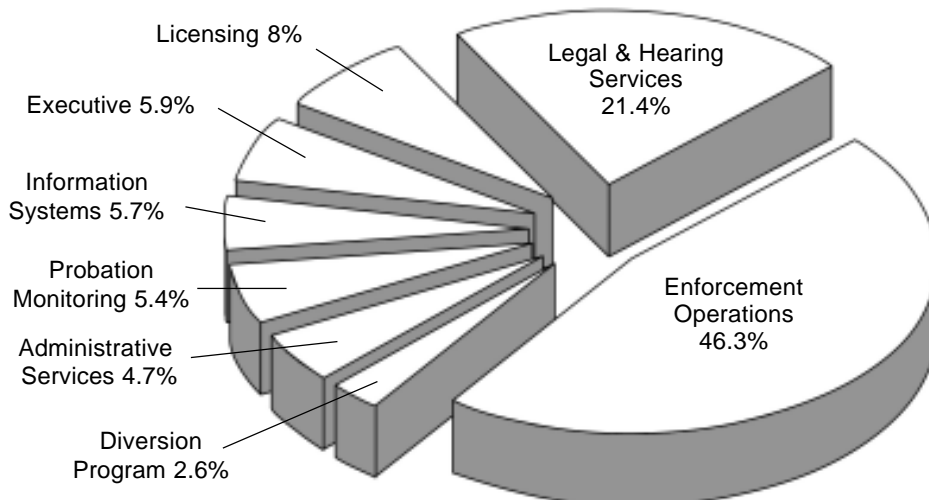
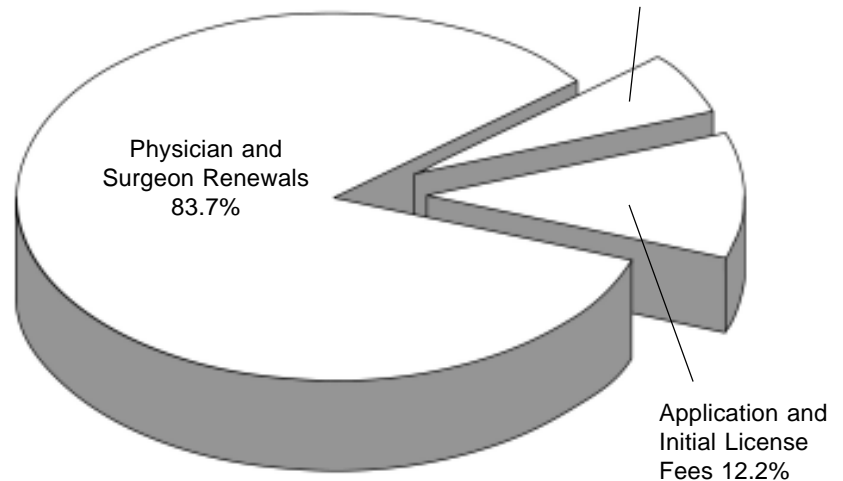
As indicated by the foregoing endeavors, this has been an active year for the Medical Board of California and the real benefits will be realized as the Board's new directions are fully implemented.

We look forward to sharing these successes throughout the year and anticipate that next year's Annual Report will more fully reflect the continuing progress of its dedicated membership.

2001-2002 FISCAL YEAR REVENUES & REIMBURSEMENTS

Physician & Surgeon Renewals	\$29,432,000
Application and Initial License Fees	\$4,290,000
Reimbursements	\$1,994,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Interest on Fund, Miscellaneous	\$1,438,000
Total	\$37,154,000

MEDICAL BOARD OF CALIFORNIA



2001-2002 FISCAL YEAR BUDGET DISTRIBUTION

Enforcement Operations	\$17,806,000
Legal & Hearing Services	8,220,000
Licensing	3,058,000
Executive	2,288,000
Information Systems	2,210,000
Probation/Operation	
Safe Medicine	2,084,000
Administrative Services	1,814,000
Diversion Program	1,008,000
Total	\$38,488,000

DIVISION OF LICENSING

The Medical Board of California's Division of Licensing is committed to protecting the public and serving the medical profession by adhering to the highest standards of efficiency, and by ensuring that all statutory requirements are met as a precondition to the issuance of a physician's and surgeon's license. To best meet this standard, improvements to the licensing process have been implemented this past year with noticeable results.

In addition to physician's and surgeon's licenses, the Division also licenses, registers and certifies various affiliated healing arts professionals and serves as the approving authority for those agencies that accredit outpatient surgery settings.

Licensing Process Improvements Update

In the 2001-2002 fiscal year 4,920 physician and surgeon licenses were issued, as compared to 3,777 in 2000-2001.

With the initiation of the new e-licensing program, physicians and surgeons can renew their licenses online. New applicants for physician's and surgeon's licenses can submit payment for an application online via credit card, directly to the Board. At this point, this system does not displace the normal hard copy completion of the entire licensing packet and transmittal of that hard copy material to the Board.

Applicants can also continue to request an application by telephone or download an application from the Board's Web site and mail it to the Board for processing.

Fingerprint clearances from the Federal Bureau of Investigation and the

Department of Justice are a mandatory part of the application process. If the applicant resides in California, there is now an electronic process available for fingerprint clearances, called Live Scan. This process significantly reduces the time frame to process fingerprint clearances. The Live Scan process has streamlined and essentially eliminated the need for paper fingerprint cards for California applicants.

guest rotation. The Board has proposed changes to regulatory language in FY 02-03 to allow persons participating in an out-of-state postgraduate training program (residency) to come to California and participate in a "guest rotation" (also referred to as an "away rotation") for a maximum number of days even if they have exhausted their normal exemption period as currently provided for in Business and

Professions Code sections 2065 and 2066.

Continuing Medical Education Audit

The Division recently completed the FY 01-02 audit for continuing medical education (CME). A total of 757 licensees were audited and, out of those, 653 passed. The licensees who failed the audit have received a letter from the Division notifying them of the outcome, and instructions for remediating the deficiency.

Legislative CME Update

With the passage of AB 487 (Business and Professions Code section 2190.5), physicians are now

required to complete, in addition to, or as part of the currently required CME, a mandatory one-time requirement of 12 credit hours of CME in the subjects of pain management and the treatment of terminally ill and dying patients.

The only exemption currently provided by this section of law is for those physicians who are practicing in pathology or radiology.

AFFILIATED HEALING ARTS

	2001-2002 LICENSES	
	ISSUED	CURRENT
Licensed Midwife	10	120
Dispensing Optician	116	1,180
Contact Lens Dispenser	13	437
Non-Resident Contact Lens Seller ¹	7	10
Spectacle Lens Dispenser	117	1,747
Physician Asst. Supervisor ²	—	—
Research Psychoanalyst	2	70
Accrediting Agencies for Outpatient Surgery Settings	0	4
Podiatrist	71	2,019

¹ Non-resident contact lens seller formerly was reported within the Dispensing Optician category.

² Pursuant to B&P Code section 3515, the physician assistant supervisor program became inoperative on July 1, 2001 and was repealed as of January 1, 2002. Therefore, any physician can supervise a physician assistant unless disciplinary action has been taken against the physician's license prohibiting the physician from such supervision.

However, the paper cards are still available for those applicants who reside out of state or who prefer to use this method.

Legal Updates

A regulatory change to section 1320 of Title 16, California Code of Regulations, was implemented in 2000. An unintentional consequence of the amendment was that it affected out-of-state medical residents who come to California to participate in a

DIVISION OF LICENSING ACTIVITY

	FY 00-01	FY 01-02		FY 00-01	FY 01-02
PHYSICIAN LICENSES ISSUED			SPECIAL FACULTY PERMITS		
FLEX/USMLE ¹	3,237	4,110	Permits issued	1	1
NBME ¹	370	506	License exemptions renewed	2	2
Reciprocity with other states	170	304	Total active exemption	4	5
Total new licenses issued	3,777	4,920	LICENSING ENFORCEMENT ACTIVITY		
Renewal licenses issued—with fee	47,469	49,053	Probationary license granted	4	9
Renewal licenses—fee exempt ²	4,457	4,933	License Denied (no hearing requested)	7	8
Total licenses renewed	51,926	53,986	Statement of Issues to deny license filed	11	6
PHYSICIAN LICENSES IN EFFECT			Statement of Issues granted (license denied)	3	1
California address	84,675	86,934	Statement of Issues denied (license granted)	5	4
Out-of-state address	24,614	25,339	Statement of Issues withdrawn	0	1
Total	109,289	112,273			
FICTITIOUS NAME PERMITS			¹ FLEX = Federation Licensing Exam		
Issued ³	1,082	1,003	USMLE = United States Medical Licensing Exam		
Renewed ⁴	4,101	3,505	NBME = National Board Medical Exam		
Total number of permits in effect ⁴	8,505	8,692	² Includes physicians with disabled, inactive, retired, military, or voluntary service license status.		
			³ Includes Medical Board of California and Board of Podiatric Medicine.		
			⁴ Medical Board of California only.		

VERIFICATION & REPORTING ACTIVITY SUMMARY

	FY 00-01	FY 01-02		FY 00-01	FY 01-02
LICENSE STATUS VERIFICATIONS			REPORTS TO MEDICAL BOARD		
Phone verifications	130,483	103,260	Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	194	271
Written verifications	3,934	2,897	Adverse Actions reported to the NPDB ¹	520 ²	563 ³
Authorized Internet users	842	934	NPDB reports received from insurance companies or self-insured individuals/organizations	909	907
Online access verifications	692,879	659,689	B&P Code §805 reports of health facility discipline received	135 ⁴	155 ⁵
Non-verification telephone calls	68,145	63,511			
Certification Letters and Letters of Good Standing	11,858	7,297			

¹ NPDB = National Practitioner Data Bank

² Includes 484 MDs, 30 podiatrists, and 6 physician assistants.

³ Includes 531 MDs, 11 podiatrists, and 21 physician assistants.

⁴ Includes 124 MDs, 3 podiatrists and 8 psychologists.

⁵ Includes 151 MDs, 2 podiatrists and 2 psychologists.

The Annual Report also is available in the "Publications" section of the Medical Board's Web site: www.medbd.ca.gov. For additional copies of this report, please fax your company name, address, telephone number and contact person to the Medical Board's Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

DIVERSION PROGRAM

The Physician Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California to support and monitor the recovery of physicians who have substance-abuse or mental-health disorders.

The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance-abuse and mental-health disorders to avoid jeopardizing patient safety.

Physicians enter Diversion by one of three avenues. First, physicians may self-refer. This is often the result of concerned colleagues or family members encouraging the physician to seek help. Participation by self-referred physicians is completely confidential from the disciplinary arm of the Board. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the Board as part of a disciplinary order.

During FY 01-02, 52 physicians were accepted by the Diversion Evaluation

Activity ¹	00-01 01-02		Type of Impairment ¹	01-02 %	
	00-01	01-02		01-02	%
Beginning of fiscal year	256	273	Alcohol	56	21
Accepted into program	70	52	Alcohol		
Completions:			& mental illness	23	9
Successful	46	46	Other drugs	84	31
Unsuccessful	7	10	Other drugs		
Active at end of year	273	269	& mental illness	31	12
Other Activity			Alcohol & other drugs	40	15
Applicants ²	41	53	Alcohol & other drugs		
Out-of-state-monitored			& mental illness	32	11
California licentiates	15	11	Mental illness	3	1
Completions:			Total	269	
Successful	3	4			
Unsuccessful	0	2			
Total monitored at end of FY 01-02		327			
Total monitored during FY 01-02		389			

¹ Does not include applicant or out-of-state participant data.

² Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.

Committee, signed a formal Diversion Agreement and entered the program. Of those, 37 physicians had no open cases with the Board, 10 physicians were diverted from discipline, and an additional five physicians entered as a result of disciplinary orders.

During FY 01-02, a total of 389 physicians were monitored by the Diversion Program. Of the 62 who left the program, 12 were unsuccessful, while 50 successfully completed the five-year program, with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

DIVISION OF MEDICAL QUALITY

The data in this year's Annual Report has been reorganized in a more systematic fashion, grouping categories for ease of comparison. All of the information required by law is provided in a more readable and a more understandable display.

Last year the Enforcement Program experienced an increase of approximately 12% in the number of investigative cases opened compared to FY 00-01. There was also an increase of approximately 15%, compared to the previous year, in the number of cases referred by the Board to the Office of the Attorney General for the filing of administrative charges. Despite the increase in investigative cases opened, the average time to complete investigations fell below 200 days for the first time since FY 93-94. Last year, on average, it took 198 days to complete an investigation once the case was forwarded to a field office and assigned to an investigator. This continues the steady reduction from FY 94-95 when it required 345 days. The Enforcement Program will

continue to work to complete all investigations as quickly and objectively as possible.

Operation Safe Medicine

The number of cases referred by Board investigators for criminal action during the past year also increased. The Board's unlicensed practice unit, Operation Safe Medicine (OSM), was responsible for much of the increase in criminal filings from 58 in FY 00-01 to 82 this FY. OSM has proved to be an effective mechanism for dealing with unlicensed activity and the so-called backroom clinics in the Los Angeles County and Orange County areas. Several criminal investigations conducted by OSM investigators have lead to the filing of felony and misdemeanor charges against unlicensed individuals treating various medical conditions.

Central Complaint Unit

The Board's Central Complaint Unit (CCU) continues to do an outstanding job of reviewing and investigating complaints.

More than 11,000 complaints were received last year. In addition to the increasing numbers, complaints are becoming more complex, requiring CCU staff to conduct more intensive review of the cases presented.

In the coming year, the CCU will be reorganized into two sections to better handle the wide variety of complaints received. The Quality of Care section will focus its efforts on reviewing/ investigating allegations of physician negligence or incompetence. Staff will prioritize cases, giving the highest priority to those cases which resulted in patient harm or death. Staff will perform an analysis of the physician's complaint and malpractice history and increase the involvement of medical consultant reviewers who have particular expertise in the same practice speciality. The Technical Violation & Physician Conduct Section will focus its efforts on complaints that do not pose an immediate danger to the health and safety of patients.

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

PHYSICIANS & SURGEONS

	FY 00-01	FY 01-02
COMPLAINTS/INVESTIGATIONS¹		
Complaints Received	10,899	11,218
Complaints Closed by Complaint Unit	7,690	9,477
Investigations		
Cases Opened	2,320	2,608
Cases Closed	2,374	2,449
Cases referred to the Attorney General (AG)	510	589
Cases referred for criminal action	58	82
Number of probation violation reports referred to the AG	22	27

Consumer inquiries	65,267
Jurisdictional inquiries	35,897
Complaint forms sent	14,359
Complaint forms returned by consumers	5,026

Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	FY 00-01		FY 01-02	
	Avg.	Median	Avg.	Median
1. Complaint Unit				
Processing	53	25	58	32
2. Investigation	204	153	198	153
3. AG Processing to preparation of an Accusation	112	75	103	64
4. Other stages of the legal process (e.g., after charges filed)	439	359	437	364

Enforcement Field Operations Caseload

	Per Statewide Investigator	
Active Investigations	1,531	20
AG Assigned Cases ²	655	9

Probation Unit Caseload

Monitoring Cases ³	498	36
Active Investigations	78	6
AG Assigned Cases ²	53	n/a ⁴

¹ Some cases closed were opened in a prior fiscal year.

² These cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.

³ 132 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2002.

⁴ For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

COMPLAINTS RECEIVED BY TYPE & SOURCE

	Fraud	Health & Safety ¹	Non-Jurisdictional ²	Competence/Negligence ³	Other Category	Personal Conduct ⁴	Unprofessional Conduct ⁵	Unlicensed	Total
Public	176	266	402	4,676	0	26	1,637	95	7,276
B&P Code ⁶	2	4	0	1,338	0	44	66	0	1,454
Prof. Group ⁷	16	30	10	51	1	7	128	21	264
Govt. Agency ⁸	44	88	18	557	38	179	952	120	1,996
Anonymous/ Misc.	30	27	9	36	0	15	77	34	228
Totals	268	415	439	6,656	39	271	2,860	270	11,218

¹ Health and Safety complaints include inappropriate prescribing, sale of dangerous drugs, etc.

² Non-jurisdictional complaints are not under the authority of the Board and are referred to other agencies such as the Department of Health Services, Department of Managed Health Care, etc.

³ Competence/Negligence complaints are related to the quality of care provided by licensees.

⁴ Personal Conduct complaints include licensee self-use of drugs/alcohol, conviction of a crime, etc.

⁵ Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.

⁶ Reference is to B&P Code sections 800 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

⁷ "Professional Group" includes the following complaint sources: Other Licensee, Society/Trade Organization, and Industry.

⁸ "Governmental Agency" includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.

REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 00-01	FY 01-02
MEDICAL MALPRACTICE		
Insurers: B&P Code §§801 & 801.1	921	872
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	391	313
Courts: B&P Code §803	25	30
Total Malpractice Reports	1,337	1,215
CORONERS' REPORTS		
B&P Code §802.5	33	38
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §§802.1 & 803.5	37	38
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason		
B&P Code §805	124	151
OUTPATIENT SURGERY SETTINGS REPORTS		
Patient Death		
B&P Code §2240(a)	7	12
Patient Transfer*		
B&P Code §2240(b)	369	175

* Pursuant to B&P Code section 2240(e), effective Jan. 1, 2002, patient transfer reports are sent to the Office of Statewide Health Planning and Development, which received 204 reports from Jan. 1 through June 30, 2002.

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	FY 00-01	FY 01-02		FY 00-01	FY 01-02																																	
ADMINISTRATIVE ACTIONS			PETITION ACTIVITY																																			
Accusation	238	329	Petition for Reinstatement of license filed	16	10																																	
Petition to Revoke Probation	18	21	Petition for Reinstatement of license granted	8	7																																	
Number of completed investigations referred to the Attorney General’s Office awaiting the filing of an Accusation as of June 30	141	138	Petition for Reinstatement of license denied	7	7																																	
			Petition for Penalty Relief ³ granted	10	20																																	
			Petition for Penalty Relief ³ denied	6	7																																	
			Petition to Compel Exam filed	15	16																																	
			Petition to Compel Exam granted	13	18																																	
			Petition to Compel Exam denied	0	0																																	
ADMINISTRATIVE OUTCOMES			LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING																																			
Revocation	39	38	Interim Suspension Orders	17	23																																	
Surrender (in lieu of Accusation or with Accusation pending)	49	47	Temporary Restraining Orders	0	3																																	
Suspension Only	5	6	Other Suspension Orders	27	40 ⁴																																	
Probation with Suspension	16	19	<i>NOTE: Some orders granted were sought in prior fiscal year.</i>																																			
Probation	91	69	<div><div>License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 01-02</div><table><tr><td></td><td>Orders Sought</td><td>Orders Granted</td></tr><tr><td>Criminal Charges/Conviction of a Crime</td><td>7</td><td>9</td></tr><tr><td>Drug Prescribing Violations</td><td>5</td><td>7</td></tr><tr><td>Fraud</td><td>4</td><td>5</td></tr><tr><td>Gross Negligence/Incompetence</td><td>11</td><td>9</td></tr><tr><td>Mental/Physical Illness</td><td>6</td><td>8</td></tr><tr><td>Self-Abuse of Drugs or Alcohol</td><td>8</td><td>9</td></tr><tr><td>Sexual Misconduct</td><td>13</td><td>15</td></tr><tr><td>Unlicensed Activity</td><td>0</td><td>1</td></tr><tr><td>Unprofessional Conduct</td><td>0</td><td>3</td></tr><tr><td>Total</td><td>54</td><td>66</td></tr></table></div>				Orders Sought	Orders Granted	Criminal Charges/Conviction of a Crime	7	9	Drug Prescribing Violations	5	7	Fraud	4	5	Gross Negligence/Incompetence	11	9	Mental/Physical Illness	6	8	Self-Abuse of Drugs or Alcohol	8	9	Sexual Misconduct	13	15	Unlicensed Activity	0	1	Unprofessional Conduct	0	3	Total	54	66
	Orders Sought	Orders Granted																																				
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Sexual Misconduct	13	15																																				
Unlicensed Activity	0	1																																				
Unprofessional Conduct	0	3																																				
Total	54	66																																				
Probationary License Issued	4	9																																				
Public Reprimand	50	52																																				
Other Actions (e.g., exam required, education course, etc.)	34	21																																				
Accusation Withdrawn ¹	45	32																																				
Accusation Dismissed	9	16																																				
Dispositions of Probation Filings																																						
Additional Suspension or Probation	4	9																																				
Probation Revoked or License Surrendered	12	16																																				
Other Decisions	0	3																																				
Petition Withdrawn/Dismissed	0	1																																				
REFERRAL AND COMPLIANCE ACTIONS																																						
Citation and Administrative Fines Issued	513	520																																				
Physicians Called in for Medical Review	9	0																																				
Physicians Referred to Diversion Program ²	12	27																																				

Administrative Outcomes by Case Type in FY 01-02									
	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	6	17	0	9	21	0	23	9	85
Inappropriate Prescribing	5	3	1	0	6	0	6	4	25
Unlicensed Activity	1	0	0	2	0	0	1	0	4
Sexual Misconduct	7	10	0	3	0	0	2	1	23
Mental Illness	4	8	1	0	5	2	0	1	21
Self-use of drugs/alcohol	2	6	3	1	7	5	0	0	24
Fraud	4	2	0	2	9	0	2	0	19
Conviction of a crime	3	0	1	1	5	1	1	1	13
Unprofessional Conduct	6	1	0	1	9 (1 ⁵)	1	17	5	40 (1)
Miscellaneous violations	0	0	0	0	7	0	0	0	7
Totals by Discipline Type	38	47	6	19	69 (1)	9	52	21	261 (1)

¹ Accusations withdrawn for the following reasons: physician passed a competency exam; physician was issued a citation/fine instead; physician died; etc.

² Diversion Program referrals are made pursuant to B&P Code section 2350(b).

³ Penalty Relief includes Petitions for Modification and/or Termination of Probation.

⁴ Includes 5 Automatic Suspension Orders per B&P Code section 2236.1, 11 license restrictions per Penal Code section 23, 19 out-of-state suspension orders per B&P Code section 2310, and 5 stipulated agreements to suspend or restrict the practice of medicine.

⁵ Figures in parentheses represent action taken by the Division of Licensing against dispensing opticians, research psychoanalysts, and licensed midwives.

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS

	FY 00-01	FY 01-02		FY 00-01	FY 01-02
COMPLAINTS/INVESTIGATIONS			PETITION ACTIVITY		
Complaints Received	1,015	1,046	Petition for Reinstatement of license filed	2	3
Complaints Closed by Complaint Unit	627	747	Petition for Reinstatement of license granted	0	1
Investigations:			Petition for Reinstatement of license denied	0	1
Cases Opened	324	347	Petition for Penalty Relief ³ granted	0	1
Cases Closed	330	328	Petition for Penalty Relief ³ denied	0	1
Cases referred to the AG	82	100			
Cases referred for criminal action	21	17			
Number of Probation Violation					
Reports referred to AG	1	4			
LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING			REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS		
Interim Suspension Orders	0	1		FY 00-01	FY 01-02
Other Suspension Orders ²	1	3	MEDICAL MALPRACTICE		
ADMINISTRATIVE ACTIONS			Insurers		
Accusation	24	30	B&P Code §§801 & 801.1	21	14
Petition to Revoke Probation	1	4	Attorneys or Self-Reported or Employers		
Statement of Issues to deny application	5	5	B&P Code §§802 & 803.2	7	9
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30	15	16	Courts		
ADMINISTRATIVE OUTCOMES			B&P Code §803	0	4
Revocation	4	2	Total Malpractice Reports	28	27
Surrender (in lieu of Accusation or with Accusation pending)	9	2	CORONERS' REPORTS		
Probation with Suspension	3	4	B&P Code §802.5	0	0
Probation	9	13	CRIMINAL CHARGES & CONVICTIONS		
Public Reprimand	0	2	B&P Code §803.5	2	3
Other (e.g., exam required, education course)	3	2	HEALTH FACILITY DISCIPLINE		
Statement of Issues Granted (License Denied)	0	4	Medical Cause or Reason		
Statement of Issues Denied (License Granted)	3	2	B&P Code §805	11	4
Accusation/Statement of Issues Withdrawn	1	3	OUTPATIENT SURGERY SETTINGS REPORT		
Accusation Dismissed	0	1	Patient Death		
Disposition of Probation Filings			B&P Code §2240(a)	1	0
Additional Suspension or Probation	1	1	Patient Transfer⁴		
Probation Revoked or License Surrendered	1	1	B&P Code §2240(b)	6	1
Petition Withdrawn/Dismissed	0	0			
REFERRAL AND COMPLIANCE ACTIONS					
Citation and Administrative Fines Issued	19	20			
Office Conferences Conducted	6	5			

¹ These figures include podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives. With the exception of the categories of complaints and investigations, the figures do not include psychologists.

² Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.

³ Penalty Relief includes Petitions for Modification and/or Termination of Probation.

⁴ Pursuant to B&P Code section 2240(e), effective Jan. 1, 2002, patient transfer reports are sent to the Office of Statewide Health Planning and Development, which received six reports from Jan. 1 through June 30, 2002.

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